

BrightStar Care Election Form



First Name	Last Name	Marital Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		Phone	
<input type="text"/>		<input type="text"/>	
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	SSN	Hire Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Benefit Elections LEGEND: EE = Employee Only | ES = Employee/Spouse | EC = Employee/Children | Fam = Family
Please make sure that you have reviewed the PDFs available on the landing page to understand the benefits available

MEC PLANS - PLEASE CHOOSE ONLY ONE MEC PLAN. YOU CAN SELECT EXTRACARE IF YOU WISH

- | | | | | |
|-------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| [MEC] WellCare | <input type="checkbox"/> EE - \$10.38 | <input type="checkbox"/> ES - \$20.77 | <input type="checkbox"/> EC - \$20.77 | <input type="checkbox"/> FAM - \$31.15 |
| [MEC] ValueCare | <input type="checkbox"/> EE - \$19.62 | <input type="checkbox"/> ES - \$39.23 | <input type="checkbox"/> EC - \$39.23 | <input type="checkbox"/> FAM - \$58.85 |
| [MEC] EliteCare | <input type="checkbox"/> EE - \$32.08 | <input type="checkbox"/> ES - \$64.15 | <input type="checkbox"/> EC - \$64.15 | <input type="checkbox"/> FAM - \$96.23 |
| [EXTRA] ExtraCare | <input type="checkbox"/> EE - \$9.00 | <input type="checkbox"/> ES - \$18.00 | <input type="checkbox"/> EC - \$18.00 | <input type="checkbox"/> FAM - \$27.00 |

UNUM DENTAL

Select One EE - \$33.82 ES - \$66.62 EC - \$83.21 FAM - \$125.17

UNUM VISION

Select One EE - \$8.16 ES - \$16.32 EC - \$18.26 FAM - \$28.56

Beneficiary Information - Term Life and AD&D

First Name	Last Name	Relationship	% of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total benefit % selection must equal 100%

UNUM TERM LIFE AND AD&D (\$10K Increments)

AD&D Amount

Term Life Amount

Select One EE ES EC FAM

WAIVE COVERAGE - Check this box if you would prefer to waive all coverage.

Waive Coverage

For benefits that don't include a price, please refer to the PDFs or contact us.

Authorization and Request for Coverage

Signature _____

Total Cost _____

I hereby enroll or decline as indicated above in the benefits for which I am eligible.